

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF AGING & ADULT SERVICES
LONG-TERM CARE OMBUDSMAN**

CONFLICT OF INTEREST STATEMENT

Let it be known to all that neither my immediate family members nor I (*spouse, sibling, child, or parent*):

- are involved (*directly or indirectly*) in the licensing or certification of long-term care facilities or a provider of long-term care services;
- have ownership or investment interest (*represented by equity, debt, or other financial relationship*) in a long-term care facility or a long-term care service;
- are employed by, or participate in the management of, a long-term care facility;
- receive, or have the right to receive (*directly or indirectly*) remuneration (*in cash or in kind*) under a compensation arrangement with an owner or operator of a long-term care facility;
- receive services from, a long-term care provider.

If I become involved in a conflict of interest as described in the Ombudsman Program standards or believe an activity that I am involved with may be a conflict of interest, I will take responsibility to advise my supervisor of such a possible conflict.

A Request for Waiver of a Conflict of Interest Screen may be made according to the Ombudsman Policy #

Signature of Ombudsman Volunteer or Employee

Date

Signature of the Ombudsman Coordinator or his/her Supv.

Date